In re Application of:

Docket No. 03670.000005

TOMOO TSUNENARI

Application No.: 09/612,945

Filed: July 10, 2000

For: SYSTEM AND METHOD TO EFFECT RETURN OF A

CONSUMER PRODUCT

Examiner: R.M. Pond

Group Art Unit: 3625

Date: March 4, 2004

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RECEIVED MAR 0 9 2004

GROUP 3600

Transmitted herewith is an Amendment in the above-identified application.

| X | No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		PRE	(4) HEST NO. VIOUSLY ID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 27	MINUS	**	27	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 5	MINUS	***	5	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280							0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not fil	ed previously.
, ,	

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 35, 345

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

Form #120

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